U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 2 5462

F HAMMOND, III

3. Name and address of person filing.

Name ROBERT

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2005 Through: 12 / 31 / 2005

Name INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKER

4. Name, file number, and address of labor organization.

| | | Labor Organization File Number 033-267 | | | | | | |
|--|-------------------------|--|--|-------------------------|--|--|--|--|
| P.O. Box, Bldg., Room No., if any | | P.O. Box, Building and Room Number, if any | | | | | | |
| Street 3200 RIDGELAKE DRIVE, SUITE 300 | | Street 3200 RIDGELAKE DRIVE SUITE 300 | | | | | | |
| City METAIRIE | | City METAIRIE | | | | | | |
| State Louisiana | ZIP Code + 4 70002-4960 | State | Louisiana | ZIP Code + 4 70002-4960 | | | | |
| 5. Position in labor organization. BUSINESS MANAGER | | | | | | | | |
| Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): | | | | | | | | |
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | | | | | | | | |
| Name and address of Employer (including trade name, if any). | | | 7.a. Nature of Interest, Transaction, or Income. | | | | | |
| Name | | | | | | | | |
| Trade Name, if any: | | | | | | | | |
| P.O. Box, Bldg., Room No., if any | | 7.b. Amo | | | | | | |
| Street | | 7.b. Ame | ount. | | | | | |
| City | | | | \$0 | | | | |
| State | ZIP Code + 4 | | | | | | | |
| Signature | | | | | | | | |

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

3/22/2006

Date

504-831-1372

Telephone Number

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instruct ons.)

File Number U-

| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of the horizon is not employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of buying from or selling or leasing directly or indirectly to, or otherwise dealing with vibral consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with vibral part of the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). Name N.O. ELECT JOINT APPRENTICESHIP TRAINING COM Trade Name, if any: City METAIRIE State Louisiana ZIP Code + 4 70002 - 4960 10. If 9.b. or 9.c. is checked give trust or employer's name. 11.a. Nature of such dealing. IBEW IS A SETTLOR OF THE TRUST FUND 12.a. Nature of interest held or income received. State ZIP Code + 4 11.b. Approximate dollar values of such dealing. \$200, 748 12.a. Nature of interest held or income received. \$2005 SALARY \$37, 835. 84 | | |
|--|---|---|
| Name N.O. ELECT JOINT APPRENTICESHIP TRAINING COM Trade Name, if any: P.O. Box, Bidg., Room No., if any SUITE 301 Street 3200 RIDGELAKE DRIVE City METAIRIE State Louisiana ZIP Code + 4 70002 - 4960 10. If 9 b. or 9 c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 11.b. Approximate dollar value of such dealing. \$200, 748 12.a. Nature of interest held or income received. SPOUSE IS EMPLOYED BY THE NOBJATC TRUST FUND - 2005 SALARY \$37, 835. 84 | substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc | wise dealing with the business vely seeking to represent, or lirectly to, or otherwise |
| Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Tibe Name if any: 11.b. Approximate dollar value of such dealing. \$200,748 12.a. Nature of interest held or income received. SPOUSE IS EMPLOYED BY THE NOEJATC TRUST FUND - 2005 SALARY \$37,835.84 | Name N.O. ELECT JOINT APPRENTICESHIP TRAINING COM Trade Name, if any: P.O. Box, Bldg., Room No., if any SUITE 301 Street 3200 RIDGELAKE DRIVE City METAIRIE | X a. Labor Organization b. Trust |
| City State Tip Code + 4 11.b. Approximate dollar value of such dealing. \$200,748 12.a. Nature of interest held or income received. SPOUSE IS EMPLOYED BY THE NOEJATC TRUST FUND - 2005 SALARY \$37,835.84 | Name Trade Name, if any: | |
| 12.b. Amount. \$37,836 | City | 12.a. Nature of interest held or income received. SPOUSE IS EMPLOYED BY THE NOEJATC TRUST FUND - |
| | | 12.b. Amount. \$37,836 |

| C. Received from any employer (confrom any labor relations consultant to | | | | |
|--|---------------|--------------------------|--------------------------|-----|
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | | 14.a. Nature of payment. | | |
| Name | | | | |
| Trade Name, if any: | | | | |
| P.O. Box, Bldg., Room No., if any | | | | |
| Street | | | | |
| City | | | | |
| State | ZIP Code + 4 | | | |
| 13.b. Is the Business an Employer | or Consultant | ? | 14.b. Amount of payment. | \$0 |